

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31988**

Registration District No. **175**

Primary Registration District No. **5646**

Registrar's No. **122**

1. PLACE OF DEATH: **Lawrence Co.**
(a) County **Rural, Buck Prairie Tws.**
(b) City or town **(If outside city or town limits, write "RURAL" and name of township)**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **Life time** years, months or days)

3. (a) PRINT FULL NAME **Adria Isabel Collier**
3. (b) If veteran, name war No. 3. (c) Social Security No.
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Joseph Don Collier** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **October 3, 1869** (Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **11** If less than one day hr. min.

9. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **not known**

13. Birthplace **not known** (City, town, or county) (State or foreign country)

14. Maiden name **Nancy Pettis**

15. Birthplace **not known** (City, town, or county) (State or foreign country)

16. (a) Informant **Leo Collier**

(b) Address **Logan, Missouri.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 5-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Marionville Mo.**

18. (a) Signature of funeral director **J. B. Bradford**

(b) Address **Marionville, Mo.**

19. (a) **Sept. 5, 1943** (Data received local registrar) (b) **Eunice L. L. L.** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4** year **1943** hour **7** minute **30** M.

21. I hereby certify that I attended the deceased from **September 1** 19**43** to **September 4** 19**43**
that I last saw **her** alive on **September 3** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Myocardial Infarction
Heart Failure
Due to **Myocardial Infarction**
Due to **Heart Failure**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. P. C. L.** (M. D. or other) **Pro**
Address **Lawrence, Mo.** Date signed **9-5-43**

RECEIVED

District Health Officer No. 6,

District File Number 1043-1152

Date Filed OCT 12 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Herman M. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.